

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32927**
Registrar's No. **4015**

Registration District No. **199**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
120 North Lawndale /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 Years**
(Specify whether
In this community _____
years, months or days)

**3. (a) PRINT
FULL NAME**

ELLA M. HERN

3. (b) If veteran,
name war *********

3. (c) Social Security No.

4. Sex **Female** / 5. Color or
race **White**

6. (a) Single, widowed, married,
divorced **Widowed**

6. (b) Name of husband or wife
Sydney J. Hern

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased **January 16 1872**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **16**

If less than one day
hr. _____ min.

9. Birthplace _____
(City, town, or county)

Missouri /
(State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Fountian Warren**

13. Birthplace _____
(City, town, or county)

Ky. /
(State or foreign country)

14. Maiden name **Nancy Kilburn**

15. Birthplace _____
(City, town, or county)

Ky. /
(State or foreign country)

16. (a) Informant **Mrs. Virginia M. Scott**

(b) Address **120 North Lawndale**

17. (a) **Removal** (b) Date thereof **10-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Loredo, Missouri**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
918-20 Brooklyn, K.C.Mo.

(b) Address _____
19. (a) **10-3-48** (b) **Geraldine Helms**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **120 North Lawndale**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10-2** day **2nd**
year **1948** hour **8** minute **50 PM**

21. I hereby certify that I attended the deceased from **Sept 29**
1948 to **10-2**, 19**48**
that I last saw **her** alive on **10-2**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Drablic coma** Duration _____

Due to **Diabetic Mellitus**
& Hypertension

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) **61**

Major findings:
Of operations **None**

Of autopsy **No**

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Ray J. Gay** (M. D. or other)
Address **604 Y E St St.** Date signed **10/3/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Yoder
.....

Licensed Embalmer No. *4173*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.